

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 9

2. STATE:

VIRGINIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 4.2 million .3M
b. FFY 2002 \$ 5.7 million .7M

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Supp. 2, pp. 36-39 of 39

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A (new pages to be added)

10. SUBJECT OF AMENDMENT:

Case Management for IFDDS Waiver Services

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary
Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dennis G. Smith

14. TITLE:

Director

15. DATE SUBMITTED:

8/28/2000

16. RETURN TO:

Dept. of Medical Assistance
Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Attn: Reg. Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/26/00

18. DATE APPROVED:

DECEMBER 7, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/00

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

CLAUDETTE V. CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & STATE
OPERATIONS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

§9. Case management (support coordination) for individuals with developmental disabilities, including autism (12 VAC 30-50-490).

A. Target Group: Medicaid eligible recipients with related conditions who are six years of age and older and who are eligible to receive services under the IFDDS waiver.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Support coordination services for recipients with related conditions who are participants in the home and community-based care IFDDS waiver. Support coordination services to be provided include:

1. Assessment and planning services, to include developing a consumer service plan (does not include performing medical and psychiatric assessment but does include referral for such assessments);
2. Linking the recipient to services and supports specified in the consumer service plan;
3. Assisting the recipient directly for the purpose of locating, developing, or obtaining needed services and resources;
4. Coordinating services with other agencies and providers involved with the recipient;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services;
6. Making collateral contacts with the recipient's significant others to promote implementation of the service plan and community adjustment;

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CASE MANAGEMENT SERVICES

7. Following up and monitoring to assess ongoing progress and ensure services are delivered;
 8. Education and counseling which guides the recipient and develops a supportive relationship that promotes the service plan; and
 9. Benefits counseling.
- E. Qualifications of Providers: In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-730 and 12 VAC 30-120-740, specific provider qualifications are:
1. To qualify as a provider of services through the DMAS for IFDDS waiver support coordination, the service provider must meet these criteria:
 - a. The provider must guarantee that recipients have access to emergency services on a 24- hour, 7-days a week basis;
 - b. The provider must have the administrative and financial management capacity to meet state and federal requirements;
 - c. The provider must have the ability to document and maintain recipient case records in accordance with state and federal requirements; and
 - d. The provider must be certified as an IFDDS support coordination agency by DMAS.
 2. Providers may bill for Medicaid support coordination only when the services are provided by qualified support coordinators. The support coordinator must possess a combination of developmental disability work experience or relevant education, which indicates that the individual possesses the following knowledge, skills, and abilities, at the entry level. These must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).
 - a. Knowledge of:
 - (1) The definition, causes, and program philosophy of developmental disabilities ;
 - (2) Treatment modalities and intervention techniques, such as behavior management, independent living skills, training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;

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- (3) Different types of assessments and their uses in program planning;
- (4) Recipients' rights;
- (5) Local service delivery systems, including support services;
- (6) Types of mental retardation programs and services;
- (7) Effective oral, written, and interpersonal communication principles and techniques;
- (8) General principles of record documentation; and
- (9) The service planning process and the major components of a service plan.

b. Skills in:

- (1) Interviewing;
- (2) Negotiating with recipients and service providers;
- (3) Observing, recording, and reporting behaviors;
- (4) Identifying and documenting a recipient's needs for resources, services, and other assistance;
- (5) Identifying services within the established service system to meet the recipient's needs;
- (6) Coordinating the provision of services by diverse public and private providers;
- (7) Analyzing and planning for the service needs of developmentally disabled persons;
- (8) Formulating, writing, and implementing recipient-specific individual service plans to promote goal attainment for recipients with developmental disabilities; and
- (9) Using assessment tools.

c. Abilities to:

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- (1) Demonstrate a positive regard for recipients and their families (e.g., treating recipients as individuals, allowing risk taking, avoiding stereotypes of developmentally disabled people, respecting recipients' and families' privacy, believing recipients can grow);
 - (2) Be persistent and remain objective;
 - (3) Work as team member, maintaining effective inter- and intra-agency working relationships;
 - (4) Work independently, performing positive duties under general supervision;
 - (5) Communicate effectively, verbally and in writing; and
 - (6) Establish and maintain ongoing supportive relationships.
- F. The State assures that the provision of case management (support coordination) services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management (support coordination) services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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